SUICIDE: THREATS & PREVENTION

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THE PROBLEM

- Suicide is one of the leading causes of death among Air Force personnel. On average, we lose 13 Air Guardsmen to suicide each year

THE SOLUTION

- Teamwork
- Recognition of common signs
- Risk Assessments
- Helpful Do’s and Don'ts
- Resources
- LPSP Program
- The KEY

TEAMWORK: Who are the players?

- Medical Squadron: the OPR for suicide prevention training. Annually Distribute the ANG Suicide Prevention/Buddy Care Basics brochure at the annual flu immunization

The Players, cont.

- Unit Public Affairs Office- periodically publish suicide prevention articles in the media
- Unit Chaplain- educates commanders and first sergeants on:
  - Identification & referral of at-risk personnel
  - Squadron-level risk management programs
  - Managing organizational stress

The Players, cont.

- Unit Commander and First Sergeants- maintain a safe, healthful and caring environment, and ensure implementation of unit-level suicide prevention initiatives

- Unit members- embrace responsibilities toward fellow ANG members under the buddy care concept.

SUICIDE: The common warning signs

- Talking about committing suicide
- Trouble eating or sleeping
- Drastic changes in behavior
- Withdrawal from friends or social activities
- Loss of interest in hobbies, work, school, etc.
- Making final arrangements/preparing for death
- Giving away prized possession
- Having attempted suicide previously

SUICIDE: The common warning signs

- Taking unnecessary risks
- Having had a recent or severe loss (divorce, loss of employment, death)
- Preoccupation with death or dying
- Loss of interest in personal appearance
- Increased use of alcohol or drugs

RISK ASSESSMENT

- Suicide can only be prevented if someone is aware of the problem.
- Military Life Survey: a tool for determining potential life event stressors. Available at Attachment 1 to ANGI 36-103.
- Awareness profile: a tool used to assess those individuals who are identified as a possible concern. Available at Attachment 2 to ANGI 36-103.

DO's

- Be aware
- Learn the warning signs
- Get involved
- Make yourself available
- Show interest and support
- Ask if they are thinking about suicide
- Talk openly about suicidal thoughts
- Be direct and honest

DO's, cont.

- Determine if they have a plan
- Question accessibility to guns, pills, etc, and remove the means if possible
- Listen
- Offer empathy, not sympathy
- Offer hope and alternatives
- Take threats seriously
- Get help NOW

DON'TS

- Lecture or debate
- Judge
- Dare them to do it
- Put them off
- Act shocked (this will alienate them)
- Be sworn to secrecy
- Leave them alone

RESOURCES

- You
- Chaplain (logical first choice)
- Supervisors, first sergeants, commanders
- Mental health professionals (MHE)
- Security or Local Police (911 for suicide in progress) and the Fire Department
- Family Support/Advocacy Centers
- Hospital ER
- Critical Incident Stress Management Teams

LIMITED PRIVILEGE SUICIDE PREVENTION PROGRAM

- Applies only in states that have a code of military justice.

- LPSP program provides limited protection for information revealed in a clinical relationship with a mental health professional. Such information may not be used in the instant or any future UCMJ action or when weighing characterization of service in a separation.

LPSP program cont.

- Applies only to members who:
  - Have been notified of their commander's intent to impose punishment pursuant to Article 15, UCMJ, or
  - Have had court-martial charges preferred against them pursuant to Article 30, UCMJ

LPSP Program cont.

INITIATION of LPSP

- When circumstances exist and any individual officially involved in the military justice process has a good faith belief that the member may present a risk of suicide
- Communicate concern to member's immediate commander along with a recommendation that member be referred for a MHE and possible placement in the LPSP program
- MHP will evaluate the member to determine if member poses a risk of suicide

LPSP Program cont.

- Termination of LPSP
  - LPSP protection ends when suicide is no longer a threat; the member's medical record is so annotated.
  - Information generated after disenrollment is not protected

THE KEY: "LINK"

- **L**ook for possible concerns
- **I**nquire about concerns
- **N**ote level of concern
- **K**now referral resources and strategies

COMMON PITFALLS

- Failing to take warning signs seriously

- Failing to involve the experts

QUESTIONS/COMMENTS / CONFUSION?